

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097890856

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	21						TOTAL IND.	13					
TOTAL DEP.	22						TOTAL DEP.	54					
TOTAL CLAIMS	23						TOTAL CLAIMS	52					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS